DRAW GAME WINNER	■ FOR LOTTERY USE ONLY ■
WINNED	DATE
	Check No. Check No. Cashier Initials
CLAIM FORM	Claim No.
	Game Type Retailer No.
INSTRUCTIONS TO CLAIMANT:	Authorization No.
<ul> <li>ON BACK OF TICKET, PRINT YOUR NAME &amp; ADDRESS.</li> <li>YOU MUST SIGN YOUR NAME ON THE TICKET.</li> </ul>	Valcon No.
• COMPLETE ITEMS 4 THROUGH 19 BELOW (PLEASE PRINT).	MAILTO:
<ul> <li>YOU MUST SIGN YOUR NAME ON THE CLAIM FORM.</li> <li>STAPLE TICKET TO BACK OF THE CLAIM FORM.</li> </ul>	Hoosier Lottery
MAIL THIS FORM TO ADDRESS SHOWN AT THE RIGHT.	P. O. 6126 Indianapolis, IN 46206-6126
• KEEP A COPY OF THIS FORM FOR YOUR RECORDS.  • For y	our protection, we suggest you mail your claim by certified mail.
. ==0.7==	
1. TICKET  Number from front of ticket.	
2. PRIZE AMOUNT	
4. NAME LAST NAME - PLEASE PRINT	
5. ADDRESS	
6. CITY 7. STATE	
8. ZIP 9. PHONE NUMBER NUMBER	
10. SOCIAL	
SECURITY	CITIZEN Yes No 12. NATION
13. SEX MOR F 14. DATE OF DRAWING 15. DATE OF BIRTH (MM-DD-YY)	
4C COUNTY NAME	17. COUNTY
16. COUNTY NAME	NUMBER (FOR INDIANA RESIDENTS ONLY -
(	IF UNSURE, LEAVE BLANK)
18. The Hoosier Lottery may require that you participate in press conferences and other public relations activities.	
19. Under penalty of perjury, I hereby declare that, to the best of my knowledge and belief, the name, address, and social security number	
provided above correctly identify the recipient of the payment of the validated winning ticket and that the winner is not prohibited by law	
from purchasing a lottery ticket. This prize is claimed as follows:  A  for myself as the sole winner	
A for myself as the sole winner  B as a member of the winning group designate	d on the attached IRS Form 5754

violation of state law.

CLAIMANT'S SIGNATURE \_\_\_\_\_\_ DATE \_\_\_\_\_

I understand that any person who, with intent to defraud, falsely presents for payment a forged or counterfeit ticket is in

on behalf of the person (s) designated on the attached IRS Form 5754